

Introduction and Implementation in England of a New, National Guidance for Detection and Management of Tuberculosis in Prisons and Places of Detention and Its Evaluation.

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Background

Absolute numbers of Tuberculosis (TB) notifications in England in incarcerated populations are low (172 of 4,650, 3.7%, in 2024) but disproportionate (four times those of the general population), with 70% higher mortality. People with prison history are also 4.5 times more likely to cluster genomically with other culture-confirmed cases than those without, indicative of in-country transmission. The UK Health Security Agency (UKHSA) published updated national guidance in 2025 (replacing a 2013 document) to support multi-agency healthcare teams across secure sites to deliver improved and more standardised TB care. The roll-out of the guidance was accompanied by a multi-media awareness-raising campaign; its implementation is currently under evaluation.

Methods

The 2025 guidance was informed by a literature review; expert opinion; cost-effectiveness modelling of universal reception screening for TB infection (TBI); a bio-behavioural study of point-in-time chest radiography in eight prisons and two immigration removal centres; six prison outbreak reports; and consultation with thirty residents and forty staff.

Targeted communications comprised two prison radio campaigns, a webinar for professionals and co-produced visual materials.

The evaluation combines interview with prison healthcare coordinators, regional commissioners and local services; routinely collected indicators from prison databases; and online access metrics.

Results

Consensus measures recommended included two-stage verbal symptom screening with optional recall symptom, expanded chest X-ray use, enhanced access to

personal protective equipment (PPE), occupational health provisions for staff, and a bigger role for tele-medicine.

TBI testing was presented as cost-saving for residents from high-/medium-prevalence countries.

Early findings from the evaluation indicate variable awareness of the guidance, low ownership of TB by prison staff, and insufficient training, but good two-stage screening adoption, testing and treatment pathways, and use of PPE.

Conclusions:

An open feedback channel at every stage of development, combined with targeted communications and post-roll-out support may make future guidance more acceptable and improve case finding, management, and continuity of care.

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